



COVID-19 Specimen Submission Guidelines

Specimen Collection

Please review guidelines recommended by the Centers for Disease Control and Prevention to ensure the appropriate infection control precautions are in place **before** collecting any specimens.

Acceptable specimen types for collection:

1. Upper Respiratory Specimens

- a. The following are acceptable upper respiratory specimens for submission:
 - i. **Nasopharyngeal (NP) swab** only in viral transport media (VTM) or Universal Transport Media (UTM)
 - OR**
 - ii. **Combined NP swab and Oropharyngeal (OP) swab** in VTM or UTM. Once the NP swab is collected, place it in VTM/UTM, swirl it in the media for a few seconds and break off the shaft. Next, collect the OP swab, place it in the same VTM as the NP swab, swirl it for a few seconds and break off the shaft. Please screw of the lid of the vial tightly.

Please see the video for additional instructions on NP swab collection:

<https://www.youtube.com/watch?v=DVJNWefmHjE>

Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron, and an aluminum or plastic shaft. Calcium alginate swabs are unacceptable and swabs with cotton tips and wooden shafts are not recommended.

ESwabs in Amies media are not a valid specimen type for COVID-19 testing. A hospital or clinic that requires swabs or UTM should contact the DC DFS PHL via email (DFS-COVID19@dc.gov).

2. Lower Respiratory Specimens

- a. ***Sputum***- Have the patient rinse the mouth with water and then expectorate deep cough directly into a sterile, leak-proof, screw-cap sputum collection cup or a sterile dry container.
- b. ***Bronchoalveolar lavage (BAL)*** - Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
Additional specimens may be requested on a case by case basis.



Specimen Storage

All specimens must be refrigerated (2-8°C) promptly after collection and couriered/shipped on cold packs within 72 hours. Specimens being held for >72 hours must be stored at -70°C and couriered/shipped on dry ice.

Paperwork

Any specimen being sent through the DC DFS PHL must have the following paperwork accommodating the specimen:

1. [DC DFS PHL External Chain of Custody \(CoC\)](#)
2. [DC DFS PHL Test Requisition Form](#)

All paperwork can additionally be found on DC DFS PHL's website under forms and documents:

<https://dfs.dc.gov/publication/phl-forms-and-documents>

Additionally, a person under investigation (PUI) form must be completed by the requesting healthcare provider for all COVID-19 testing, and must be completed to receive results. All forms will be provided to the requesting health care provider by the epidemiologist at the time of approval.

Only one DC DFS PHL test requisition form (example provided below) and one chain of custody for each set of specimens is required for testing.

Please ensure that all specimens submitted and their respective test requisition form has the following information on it:

- Full name of patient
- Date of birth
- Unique patient identifier (e.g., medical record number, patient ID, PUI #)
- Date and time of specimen collection

Incorrectly labeled requisitions and specimens will result in testing delays.

Courier Request

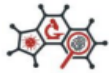
Once specimens are ready for pick up and the appropriate paperwork is completed, please email DFS-COVID@dc.gov to request a courier. An address (including the room number), PUI number, point-of-contact name and phone number and the specimen storage temperature will be required to dispatch a courier for specimen pick-up. Do NOT include patient identifiers in the body of the email. Please call the main laboratory line in the event of an emergency (202-727-8956).

Please contact the DC Department of Forensic Sciences Public Health Laboratory for any questions pertaining to testing:

Phone: 202-727-8956 (Monday-Friday from 8:30am-5:30pm) | 202-868-6561 (after-hours calls) Fax: 202-481-3936 | Email: dc.phl@dc.gov



Example of PHL Test Requisition Form



Patient Information		*Required Information	
Last Name*	First Name*	Middle Initial	Suffix
Date of Birth* (MM/DD/YYYY)	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	If Female, Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Address	City*	State*	ZIP
Sample ID (Lab ID, Outbreak#, Zika#, etc.)*	Medical Record Number		
Name of Submitting Hospital, Laboratory, or other Facility*			
Health Care Provider Last Name*		Healthcare Provider NPI #*	
First Name*			
Address (include room)*		City*	State* Zip*
Primary Contact (If not the Health Care Provider)		First Name	
Telephone #* (primary)	Secure Fax #**	Email	
** Final report will be sent to the fax number above			
Specimen Information			
Date of Collection* (MM/DD/YYYY):	Time	Nasopharynx (NP) swabs and Oropharynx (OP) swabs must be placed in either UTM or VTM AM <input type="checkbox"/> PM <input type="checkbox"/>	
Reason for Submission* <input checked="" type="checkbox"/> Diagnostic <input type="checkbox"/> Outbreak <input type="checkbox"/> DC Health Request: DC Health Contact:			
Specimen Type (check all that apply) <input type="checkbox"/> Blood Culture Bottle <input type="checkbox"/> Isolate <input type="checkbox"/> Sputum, Bronchial Wash and Bronchoalveolar Lavage specimens <input type="checkbox"/> Sterile Container <input checked="" type="checkbox"/> UTM <input checked="" type="checkbox"/> VTM <input type="checkbox"/> Blood Tube (Plasma, Serum or Whole blood) <input type="checkbox"/> Other (specify)			
Specimen Source* <input type="checkbox"/> Abscess <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Bronchoalveolar Lavage <input checked="" type="checkbox"/> Bronchial Wash <input type="checkbox"/> Buccal <input type="checkbox"/> CSF <input type="checkbox"/> Endocervical <input checked="" type="checkbox"/> Nasopharynx (NP) <input checked="" type="checkbox"/> Oropharynx (OP) <input checked="" type="checkbox"/> NP/OP <input type="checkbox"/> Plasma <input type="checkbox"/> Rectal <input type="checkbox"/> Serum <input checked="" type="checkbox"/> Sputum, expectorated <input checked="" type="checkbox"/> Sputum, induced <input type="checkbox"/> Stool <input type="checkbox"/> Throat <input type="checkbox"/> Tissue <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Other (specify)			
Requested tests			
BT RULE-OUT [§]		MOLECULAR	
<input type="checkbox"/> r/o <i>B. anthracis</i>		<input type="checkbox"/> Ebola (PCR)*	
<input type="checkbox"/> r/o <i>Brucella sp.</i>		<input type="checkbox"/> Novel Influenza (PCR)*	
<input type="checkbox"/> r/o <i>Burkholderia sp.</i>		<input type="checkbox"/> Norovirus (PCR)	
<input type="checkbox"/> r/o <i>F. tularensis</i>		<input type="checkbox"/> Middle East Respiratory Syndrome (MERS-CoV) (PCR)*	
<input type="checkbox"/> r/o <i>Y. pestis</i>		<input type="checkbox"/> <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> (TMA)	
<input type="checkbox"/> Other(specify):		<input type="checkbox"/> Mumps (PCR)*	
MICROBIOLOGY/GENERAL BACTERIOLOGY		<input type="checkbox"/> Measles Virus (PCR)*	
<input type="checkbox"/> OCME		<input type="checkbox"/> Arbovirus Detection Panel (chikungunya, dengue and Zika) (PCR)*	
<input type="checkbox"/> Referred Isolates		SEROLOGY	
		<input type="checkbox"/> Measles Virus (IgG)*	
		<input type="checkbox"/> Zika Virus (IgM)*	
		VIRAL CULTURE	
		<input type="checkbox"/> Respiratory DFA with Reflex to Viral Culture (Adenovirus, Respiratory Syncytial Virus, Influenza A, Influenza B, Parainfluenza 1, 2 & 3)	
OTHER TESTS			
<input checked="" type="checkbox"/> Test Name (specify) 2019-nCoV PCR			

+ DC Health must approve testing prior to sending any isolate or specimen to the Public Health Laboratory
§ Call the Public Health Laboratory prior to sending any suspected isolate or specimen

Last updated: 12/20/2019